PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09 6 4385												5
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYF		ENTITY	OR	OTHER	
FC)R .	NUME	ER FILED	NU	NUMBER EXTRA			E	FEE		RATE	FEE
BA	SIC FEE	0.00							345.00	OR		690.00
το	TÁL CLAIMS	23	22 minus 20=		. 12		X\$ 9		108	OR	X\$18≃	
INC	EPENDENT CL	AIMS	3 minus	3=:	•					OR	X78= '	
MULTIPLE DEPENDENT CLAIM PRESENT							+130				.000	
A Make a Make was a least two of in least the many contact that in column 0									7120	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									453	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL I	ENTITY	OR	OTHER SMALL	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	PAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDHENT	Total	· 32	Minus	••	3a ·	- /	X\$ 9	Ħ	•	OR	X\$18=	٠
ME	Independent	• 3	Minus	•••	3		X39	#		OR	X78=	
∀	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.000	
							+130			OR	+260=	
10.1-01.1								TAL EE		OR	TOTAL ADDIT. FEE	
4	129/09	(Column 1)		(Colu		(Column 3)					•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total	. 4	Minus	••			X\$ 9	=		OR	X\$18=	
MEN	Independent	•	Minus	•6•		=	X39	_		OR	X78=	-
	FIRST PRESE	NTATION OF I	AULTIPLE DE	PENUEN	CLAIM		+130	g		OR	+260⇒	•
		•					TO ADDIT, F	AL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)								-		ADOIT, FEE	
	10 (S.S.C.)	CLAIMS	4.50.W	HIGH	EST		·	_	ADDI-			ADDI-
ENT C		REMAINING AFTER AMENDMENT		NUM PREVK PAID	DUSLY	PRESENT EXTRA	RATI	=	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	••		=	X\$ 9]		OR	X\$18=	
ME	Independent	•	Minus	494		=	X39	1			X78=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4		OR	74.0-	
			the natural natural		900 la a-i		+130	1	•	OR	+260=	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The Highest Nurr	ber Previously P	aid For (Total o	r Independ	eni) is the	highest number	found in the	app	ropriate box	in col	umn 1.	

8

FORM PTO-875 (Rev. 12/99)

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